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			GC M	a)c/ 11, 400%	to a		(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTOR	NEY DOCKET NO.	CONFIRMATION NO.
09/986,210			Min-Goo Kim	678-762		678-762	4975
TITLE OF INVENTION: METHOD AND DEVICE FOR TRANSMITTING PACKET DATA IN MOBILE COMMUNICATION SYSTEM							
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	e peb	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	Ю	\$1440	\$300	\$0		\$1740	03/11/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS				
VLAHOS, SOPHIA		2611	375-377000				
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).    Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.    "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, atternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  Samsung Electronics CO., LTD  Republic of Korea							
Please check the appropriate assignee category or categories (will not be printed on the patent):							
4a. The following fee(s) are submitted:  2 Issue Fee  2 Publication Fee (No small entity discount permitted)  2 Advance Order - # of Copies			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).				
5. Change in Entity Sta	itus (from status indicate	ed above)	b. Applicant is no lon	man alaiming ChAA	II EM	FITV etable See 17 Cf	FD 1 27/oY2\
☐ a. Applicant clain	ns SMALL ENTITY state	hus. See 37 CFR 1.27.	ed from anyone other than	the applicant: a rea	ristered :	attorney or agent: or th	e assignee or other party in
interest as shown by the	records of the Uprior at	ates Patent and Tridemar	k Office.	and approximation of			e assignee or other party in
Authorized Signature	yang j	well	<del></del>	DateMar	ch 11, 2	2008	
Typed or printed name Paulo. Farrell				Registration	No	33,494	
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